

City of Cannon Falls

Application for Building Permit

City Hall | 918 River Road
Cannon Falls, Minnesota 55009
Telephone: 507.263.9300 | www.cannonfallsmn.gov

Applicant's Name. Who is Signing Below? _____ Telephone: _____
Applicant's Mailing Address: _____ Telephone: _____
City/State/Zip: _____ E-Mail: _____
Applicant's Company (If Applicable): _____ **License or Bond Number:** _____
Company's Mailing Address: _____ Telephone: _____
City/State/Zip: _____ Telephone: _____

Site Address: _____ **Parcel Number:** _____
City/State/Zip: _____ City or Township: _____
Property Owner Name: _____ Size of Parcel: _____
Owner's Mailing Address: _____ Telephone: _____
City/State/Zip: _____ Telephone: _____

Project Information. Circle Type of Permit: **Residential** or **Non-Residential**. If not residential, specify: _____
State the **Use** of Structure: _____ **Size** of Structure or Project: _____
Circle **Type** of Work: New / Addition / Repair or Remodel / Re-Roof / Plumbing / Mechanical / Other: _____
Year Built (For Existing Structures): _____ **Market Value** of Proposed Project or Work (**Required** by SBC): \$ _____
Describe Proposed Project and Scope of Work: _____

General Contractor: _____	State License: _____	Telephone: _____
Plumbing Contractor: _____	State License: _____	Telephone: _____
Mechanical Contractor: _____	State Bond: _____	Telephone: _____
Electrical Contractor: _____	State License: _____	Telephone: _____
Design Professional: _____	Minnesota Registration: _____	Telephone: _____
Other: _____	Registration Number: _____	Telephone: _____

To avoid permit expiration, **begin work and call for first inspection within 180 days of permit issuance.** I certify that information on this application is true, complete, and correct. All work done and all materials used will be in conformance with the approved plans and specifications and in compliance with the requirements of the Minnesota State Building Code and other applicable statutes, ordinances, rules, and regulations that govern building construction or use.

X Applicant Signature: _____ Date: _____

***** **Items Below Are For Goodhue County Use** *****

Application _____	Construction Plans _____	Site Plan _____	Environmental Health Approval _____
Other Forms _____	Additional Plan Info _____	Other _____	Final Zoning Approval _____

Building Official Approval (Comments/Conditions): _____

Signature: _____ Date: _____

General Permit Fee: \$ _____	Valuation of Permit: \$ _____
Plan Check Fee: \$ _____	Occupancy Class: _____
State Surcharge: \$ _____	Construction Type: _____
Other Fee: \$ _____	Date Fee Paid: _____
Total Fee: \$ _____	Receipt Number: _____

Permit Number: _____
Issue Date: _____